

Full Name of Director 10 :
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

NIC / PP / DL No. :

Percentage of Shares Held : %

Client ID :

Savings / Current Account Opening

Initial Deposit :

Mode of Payment :

Cash/Cheque

 Transfer from Account :

Account Statement Frequency*

Daily

Weekly

Monthly

Quarterly

Signature

*For Daily and Weekly Statements charges will apply as per tariff.

Fixed Deposit / Call Deposit Opening

Initial Deposit :

Mode of Payment :

Cash/Cheque

 Transfer from Account :

Period :

1 month

3 months

6 months

12 months

24 months

Others - Specify

Interest Rate : % per annum

To be paid :

Monthly

Quarterly

Annually

Biannually

On Maturity

Mode of Interest Payment :

Account Transfer

SLIPS

 Account No.

Bank Branch

Account Holder's Name

Maturity Instructions

Rollover principal plus interest on due date at the rate of interest prevailing at the time.

Renew principal at prevailing interest rate on due date and pay interest.

Signature

Unless specific instructions as stated above are given, it is the Bank's normal practice to continue with the deposit, at the rate of interest prevailing on the date of maturity.

Subsidiaries and Affiliates

Do you have any subsidiaries and affiliates ? Yes No

Please state the list of subsidiaries and affiliates of your company
(If available)

General Information

Source of Funds :
(Choose one or more)

Sales and Business Turnover

Family Remittances

Commission Income

Gift

Others - Specify

Export Proceeds

Contract Proceeds

Donations/ Charities (Local/Foreign)

Membership Contribution

Salary/Profit/Income

Investment Proceeds

Sale of Property/Assets

Anticipated Volumes of
Deposits from Above Sources :

Less than 100,000

1,000,000 - 2,000,000

5,000,000 - 7,000,000

100,000 - 500,000

2,000,000 - 3,000,000

7,000,000 - 10,000,000

500,000 - 1,000,000

3,000,000 - 5,000,000

above 10,000,000

Authorised Signatories

Authorised Signatory 01
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

NIC/PP/DL No. :

Designation :

Client ID :

Authorised Signatory 02
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

NIC/PP/DL No. :

Designation :

Client ID :

Authorised Signatory 03
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

NIC/PP/DL No. :

Designation :

Client ID :

Authorised Signatory 04
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

NIC/PP/DL No. :

Designation :

Client ID :

Authorised Signatory 05
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

NIC/PP/DL No. :

Designation :

Client ID :

Authorised Signatory 06
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

NIC/PP/DL No. :

Designation :

Client ID :

Authorised Signatory 07
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

NIC/PP/DL No. :

Designation :

Client ID :

Authorised Signatory 08
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

NIC/PP/DL No. :

Designation :

Client ID :

Authorised Signatory 09
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

NIC/PP/DL No. :

Designation :

Client ID :

Authorised Signatory 10
(Rev./Dr./Mr./Mrs./Ms.)
(Please underline the surname)

NIC/PP/DL No. :

Designation :

Client ID :

Declaration

We hereby agree to comply with and to be bound by all applicable laws and the Bank's prevailing rules and regulations and/or terms and conditions and/or procedures and operations, services and transactions relating to the said account(s) and/or banking facilities attached thereto and subject to be further bound by any variations, amendments and changes made to same as may be prescribed by the Bank from time to time in future. We confirm that the details given above and overleaf are true and correct. Further we confirm the receipt of details and conditions applicable to the said account(s) and to the products/ services related thereto and their terms and conditions, which were explained to us in our language of conversance and understood by us.

Further we agree that the Bank may without notice combine or consolidate the account(s) with liabilities to the Bank and set-off or transfer any sum(s) standing to the credit of any such accounts or any other sum(s) owing to me from the Bank on or towards satisfaction of my liabilities to the Bank on any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.

Names and specimen signatures of the persons authorised to operate the account(s) according to the Resolution passed by the Board of Directors are provided above and we undertake to advise the Bank of changes to same as and when such changes take place. We further undertake to promptly inform the Bank of any changes to the Board of Directors of the Company and / or Memorandum and Articles of Association of the Company and /or Authorised Signatories.

We agree and understand that the Signature Card attached herewith is an integral part of this account opening form. Further, we confirm that all the other directors have been informed of this account(s) opening with DFCC Bank PLC.

Signature of Chairman/Director
(On Rubber Stamp)

Signature of Chairman/Director
(On Rubber Stamp)

Signature of Company Secretary
(On Rubber Stamp)

Bank Use Only

Branch Use Only

Date :

Promoter Code :

☐ General Terms and Conditions given and explained to the customer.

Account Opened By :

.....
Name and Employee No.

.....
Signature

Account Authorised By :

.....
Name and Employee No.

.....
Signature

Approved By Manager :

.....
Name and Employee No.

.....
Signature

Branch Round Seal

NSC Use Only

Received Date :

Checked By :

.....
Name and Employee No.

.....
Signature

NSC Round Seal

SRP GRAPHIC

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